Note: This is sample

template it is not an OMB approved form.
Universal 911 Dialing- Second Transition Report
Please read instructions before completing Section 1
Carrier Identification Information
Parent Company Name Golden West Telecommunications Cooperative, Inc.
Service Provider Name Golden West Telecommunications Cooperative, Inc.
Company Address, City, State, Zip 415 Crown Street
P.O. Box 411 Wall, SD 57790-0411
Service Provider Type Wireless X Wireline
Name(s) of Wireless License Holder(s)
Contact Name Gwen Davis, Administrative Assistant
Contact Tel # 605-279-2161
Fax # 605-279-2727
E-mail Address
gwendavis@goldenwest.com
Section 2 Local Area 911 Implementation
List all indivdual local areas covered by this report (e.g., Lee County, Virginia):
Haakon County, South Dakota
Jackson County, South Dakota
Todd County, South Dakota
Ziebach County, South Dakota

For each area listed above, identify the emergency response point to which calls are now being routed.

Haakon County, South Dakota – 911 calls are currently routed to the Pennington Area Emergency Services Communication Center at Rapid City, South Dakota.

Jackson County, South Dakota – 911 calls are currently routed to the Pennington Area Emergency Services Communication Center at Rapid City, South Dakota.

Todd County, South Dakota – 911 calls are currently being routed to Rosebud Police Department 911 Emergency Services Dispatch System in Rosebud, South Dakota (605-747-4940)

Ziebach County, South Dakota – 911 calls are currently being routed to the Walter Miner Law Enforcement Dispatch in Eagle Butte, South Dakota (605-964-9111)

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 10, 2002.

Signature Swen Savis

Gwen Davis

Printed name of authorized representative

Administrative Assistant

Title

September 18, 2002

Date

This filing is: X original filing revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.